10/018983

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 PAGE 10 1995, no persons are required to respond to a collection of information divises in displays a valid OMB control number. Application of Docket Number											
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR		IBMUN	NUMBER FILEO		NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))								s	QR		5
TOTAL CLAMS (37 CFR 1.16(c))			minus 20 = '				x \$=		OR	x \$=	
(37 CFR 1.16(b))		MS	minus 3 = •				x \$=		OR	x s=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(d))						+ \$ =		OR	+ s=		
. 11 41	he dillerence in c	column 1 is less tha	n zero, er	ster "0" in column		TOTAL	l	OR	TOTAL		
, CLIMINS AS AMENDED - PART II											
///29/04 (Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	OTHER SMALL	THAN ENTITY
AMENDMENT A	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		. RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFH 1.16(G)	35	Minus	"35			x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	, 1	Miņus	" 3	=		x \$=		OR .	x s=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						:+ \$ =		OR	+5 =	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
5-6-05 (Column 1) (Column 2) (Column 3)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADD: TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1,16(ci)	36	Minus	35	* /		x \$=		OR	x.50.	5.5
	Independent (37 CFR 1,10(b))	2	Minus	··· 3	*		x \$=		OR	x s=	
ৰ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						.+s=		OR	+ \$=	
,							TOTAL ADD'L FEE		ÓR	TOTAL ADD'L FEE	50
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE.	ADDI- TIONAL FEE
	Total (37 CFR 1,16(cj)	•	Minus		±		x s =		OR	x s=	
	Independent (37 CFR + 16(ti))	•	Minus	***	=		; .x s=		OR	x s=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						1)+ \$#_		OR	+ \$ =	
FOTAL ADD'L FEE									OR .	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previousty Paid For" IN THIS SPACE is tess than 20, enter." 20". "If the "Highest Number Previousty Paid For" IN THIS SPACE is less than 3, enter "3".											

"If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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